

SEPARATION OF COMMISSIONED OFFICER
(See back of last page for Instructions and Privacy Act Notice)

DATE RECEIVED IN DCP

THIS FORM MUST BE RECEIVED IN DCP 30 DAYS PRIOR TO LAST DAY OFFICER IS PHYSICALLY AT HIS/HER DUTY STATION

PART A. TO BE COMPLETED BY OFFICER SEPARATING (*Type or Print Name*)

1. Name _____	3. Grade _____ T P	Category: Corps: _____	Reg Res
2. SSN _____ PHS No. _____			

4. Present Station (*Organization, Address, ZIP Code*): _____ Phone No. _____

5. Type of Separation: _____ Termination _____ Inactivation _____ Retirement _____

6. Reason for Separation:
Accepting Federal Civilian Employment _____ Accepting Military Appointment _____ Expiration of Limited Tour _____
Starting When?: _____ Name of Agency: _____ Location: _____
Other _____
Comments: _____

7. Terminal leave requested: Yes _____ No _____ Terminal leave approved: Yes _____ No _____
Actual dates of terminal leave: From _____ To _____
Last day physically at duty station: _____

8. Payment for unused annual leave is requested. _____

9. Separation Physical Examination
I elect to take a physical examination _____ Station: _____ Date _____
OR _____
I hereby waive separation physical examination realizing that, after separation, I cannot be retired for disability for any disease or injury incurred in or aggravated by my tour of duty with PHS.

10. Travel and Transportation Requested for self and: Dependents _____ Household Goods or Housetrailer _____ Shipment of Auto (Overseas only) _____	11. Mode of travel (<i>Officer only</i>): Private conveyance _____ Commercial common carrier _____	12. I elect travel to: (As specified in original orders) City: _____ State: _____ Home of record _____ Place from which called to AD _____ Home of selection (Retirees only) _____
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13. Permanent Mailing Address After Separation: (*Include ZIP Code*) _____ Phone No. _____

(Date) _____ (Signature of officer separating) _____

DO NOT LEAVE YOUR DUTY STATION WITHOUT VERIFICATION THAT PERSONNEL ORDER HAS BEEN ISSUED.
IT MAY JEOPARDIZE YOUR ENTITLEMENTS

PART B. TO BE COMPLETED BY IMMEDIATE SUPERVISOR OF SEPARATING OFFICER

Do you recommend officer for:
Inactive Reserve Yes _____ No _____ Active duty in the future Yes _____ No _____
Comments: _____

(Date) _____ (Signature of Immediate Supervisor) _____

PART C. TO BE COMPLETED BY FISCAL/ADMINISTRATIVE OFFICER

1. Pay and allowances chargeable to: Common Accounting No. _____ Travel CAN _____ Accounting Point _____ Designated Agent _____	2. PDN: _____ Standard Billet? Yes _____ No _____ Abolish Billet? Yes _____ No _____
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(Date) _____ (Signature of Fiscal / Administrative Officer) _____
Comments: _____